

The purpose of Bulletin is to outline the responsibilities of providers of MST and Cores Service Agencies (CSA) that are not MST providers and to delineate the process for enrollment, completion of the Individual Plan of Care (IPC) authorization and re-authorization of services, and continuity of care. Those processes are outlined as follows:

The MST Provider would serve as the initial clinical home for new consumers unassigned to a CSA wherein the initial referral is for MST services or wherein the child/youth is assigned to a CSA and not receiving any services from the CSA. For the purpose of providing immediate MST services for children/youth, new to the system, being referred directly to MST, the MST Provider will initially function as the clinical home for determining medical necessity (D & A), completing the IPC and completing the Auth. Plan & re-authorization request. Although this does not turn them on in eCura as the CSA, it does allow them to do the functions that have been previously outlined. The process for those children/youth would be as follows:

1. The MST Provider receives the referral
2. The MST Provider via AHL enrolls child/youth via the Access Helpline (AHL)
3. If the child/youth is enrolled with a CSA & has not received any services from the CSA the parent/guardian will contact the AHL & request a transfer to The MST Provider.
4. The MST Provider puts auth. plan in system & submits an authorization request with appropriate clinical documentation to the AHL.
5. The MST Provider will complete the Diagnostic Assessment and if the child/youth needs medication, the MST Provider will link the child/youth to a CSA with whom they have an affiliation to provide Medication Somatic Services.
6. The MST Provider will complete the initial IPC
7. The MST Provider provides CBI and Community Support Services as needed
8. The MST Provider submits request for reauthorization of CBI services if needed.
9. The MST Provider coordinates and conducts Family Team Conferences
10. The MST Provider connects child/youth to a CSA via AHL for transition if not previously connected for Medication Somatic Services.
11. The MST Provider coordinates transition to the CSA

If the child/youth is connected and receiving services from a CSA:

1. The CSA will submit the initial referral for MST services
2. The CSA will add MST to the auth. plan and submit the authorization request with the required clinical information to AHL
3. CSA will provide THE MST PROVIDER with a current IPC (since MST is being added as a service the IPC should be updated.
4. The MST Provider will complete the ISSP
5. The MST Provider will work with the CSA to update the IPC within the required timeframes.
6. The MST Provider will work with CSA for reauthorization of MST service if medically necessary. The MST Provider will provide the CSA with the required clinical presentation documentation to support the re-authorization request.

7. The MST Provider will notify Provider Relations if problems are incurred with the acquisition of items identified in (f) above.
8. The MST Provider will collaborate with CSA for a Team meeting to update the IPC.

CSA may be sanctioned, when services have been deemed medically necessary, for not submitting an authorization/re-authorization request or providing the MST provider with a current IPC.

If you have questions regarding this issuance, please contact your Provider Relations Representative.